

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of the Medicare recertification survey conducted at your agency October 19, 2010 through October 22, 2010, in accordance with 42 CFR Part 484, Home Health Services.  The active census on the first day of the survey was 61. Fifteen clinical records were reviewed, including two closed records. Five home visits were conducted.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.			G 000			
G 121	The following deficiencies were identified: 484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD  The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.  This STANDARD is not met as evidenced by: Based on observation, interview, record review and document review, the agency failed to ensure patients' care and therapy complied with professional standards for 3 of 15 patients (Patients #2, #3, #7).  Findings include:  Patient #2			G 121			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 121	<p>Continued From page 1</p> <p>Patient #2 was admitted to the agency on 10/14/10 with diagnoses including infection of right thumb.</p> <p>During the home visit observation on 10/19/10, the Skilled Nurse (SN) placed her personal bag containing supplies directly on the patient's kitchen chair. She did not use a barrier on the chair.</p> <p>Following the visit, the SN indicated she usually placed a barrier down in a patient's home prior to placing her bag down to maintain good infection control measures.</p> <p>Patient #3</p> <p>Patient #3 was admitted to the agency on 10/12/10 with diagnoses including pressure ulcer of the heel and dementia.</p> <p>On 10/19/10 at 1:30 pm, observed the Skilled Nurse (SN) during a home visit. The SN removed a Blood Pressure (BP) cuff, thermometer, and stethoscope from her bag. The SN did not wipe off the BP cuff before or after checking Patient #3's BP.</p> <p>Following the visit, the SN verbalized she did not always wipe the BP cuff between patients.</p> <p>Patient #7</p> <p>Patient #7 was admitted to the agency on 10/1/10, with diagnoses including cystic fibrosis and pneumonia.</p> <p>Patient #7's Plan of Care (POC) indicated the patient had a PICC (Peripherally Inserted Central</p>			G 121			

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G 121	<p>Continued From page 2</p> <p>Catheter) line and orders which included: - SN (Skilled Nurse) to change central line dressing once a week using sterile technique.</p> <p>On 10/21/10 at 10:00 am, observed the SN perform the dressing change to Patient #7's PICC Line during the home visit.</p> <p>In preparation for the dressing change, the SN washed his hands and applied gloves. He set up the area by placing a Chux pad on the couch next to the patient and placed the dressing change kit on the Chux. The SN opened the dressing kit, placed a mask on and then applied sterile gloves. The SN placed a sterile towel under Patient #7's left axilla, where the PICC line was inserted, and placed the patient's arm on the SN's shoulder, to maintain a "sterile" field.</p> <p>The SN removed the old dressing from Patient #7, and placed the soiled dressing in a plastic bag on the floor. After removing the soiled dressing, the SN did not change gloves or wash his hands.</p> <p>The SN did not measure the PICC line before beginning the cleansing of the PICC line site. The SN wiped the PICC line site with alcohol swabs, going from the center of the site outward. He also cleansed the tubing with the alcohol. He disposed of the alcohol swabs on the Chux pad located on the sofa next to the patient.</p> <p>The SN then cleansed the site and the tubing with Iodine swabs. The SN verbalized he pulled the tubing out about ¼ inch, cleansed the tubing with iodine, and then pushed the tubing back in. He added the patients usually complained that "it stings" when he does that, but the SN indicated he believed that extra step prevented infections.</p>			G 121			

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G 121	<p>Continued From page 3</p> <p>The SN started to apply the new dressing to the site. He then sat next to Patient #7, on the Chux pad which contained the used alcohol and iodine swabs. The SN completed the application of the dressing.</p> <p>When the PICC line dressing was completed, the SN did not remove his gloves. He proceeded to wipe down his equipment including his BP (Blood Pressure) monitor and Pulse Oximetry monitor. The Iodine solution was visible on the SN gloves. He placed the used dressing supplies into the plastic garbage bag, placed all Patient #7's additional dressing supplies in the patient's room, and disposed of the plastic bag in the garbage. The SN then removed his gloves. The SN did not wash his hands or use a sanitizer after disposing of the dressing supplies. The SN then proceeded to leave Patient #7's home.</p> <p>The agency's policy titled Infusion .Therapy - Central Venous Catheter: Gauze Dressing Change, dated 8/08 revealed:</p> <ul style="list-style-type: none"> <li>- " Procedure:</li> <li>- 1. Adhere to Standard Precautions ..."</li> <li>- "... 6. Don non-sterile gloves and mask. Have patient turn head away from site or also wear mask."</li> <li>- " 7. Remove old dressing being careful not to dislodge the catheter ..."</li> <li>- "...9. Remove gloves.</li> <li>- 10. Open all packages and place on the clean surface.</li> <li>- 11. Don sterile gloves ..."</li> <li>- "... 14. Gently clean the outside of the catheter with the inside surface of an alcohol wipe, repeat two times, starting from the exit site to the catheter hub. DO NOT PULL ON THE</li> </ul>			G 121			

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G 121	Continued From page 4			G 121			
G 143	<p>CATHETER ..."</p> <p>484.14(g) COORDINATION OF PATIENT SERVICES</p> <p>All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on record and document review, the agency failed to ensure staff maintained communication with one another and updated each other regarding status, issues and/or problems occurring with 2 of 15 patients (Patients #8 and #10).</p> <p>Findings include:</p> <p>Patient #8</p> <p>On 9/3/10, Patient #8 was admitted with diagnoses including an open wound on the lower leg, abdominal and joint pain.</p> <p>Patient #8's clinical record included nurse visit notes dated 9/5/10, 9/6/10, 9/7/10, 9/8/10, 9/9/10, 9/10/10 and 9/11/10. On each of the notes, the licensed practical nurse (LPN) documented there were medical issues and fall hazards under the heading of Safety Issues.</p> <p>The nurse visit notes had areas for staff to document communications with other staff. The areas were all left blank on the nursing notes listed above. There was no documented evidence staff communicated with one another regarding the medical issues and safety hazards</p>			G 143			

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G 143	<p>Continued From page 5</p> <p>Patient #8 had and how these issues were being addressed.</p> <p>An undated physical therapy (PT) evaluation lacked documented evidence of communication between the PT and nurse regarding Patient #8's evaluation, planned frequencies and how the nurse could reinforce PT's efforts in keeping the patient safe.</p> <p>A 10/11/10 supplemental physician's order in Patient #8's clinical record indicated, " Patient's caregiver called office today to hold Addus Healthcare services as of 10/11/10 ... "</p> <p>PT filled out two Physician Notification of Visit Frequency forms, reporting missed visits for Patient #8 on 10/12/10 and 10/14/10. There was no documented evidence PT was notified of the hold status.</p> <p>Patient #10</p> <p>On 7/31/10, Patient #10 was admitted with diagnoses including paraplegia, pressure ulcers and Hepatitis C.</p> <p>Patient #10's clinical record included a Supplemental Orders Physician's Medical Treatment Plan for Home Health Services dated 8/2/10. The order read, "Patient requesting cath (catheter) change..."</p> <p>A nurse visit note revealed the registered nurse changed Patient #10's Foley catheter on 8/7/10.</p> <p>A nurse visit note revealed the licensed practical nurse changed Patient #10's Foley catheter on 8/21/10. There was no documented evidence the</p>			G 143			

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G 143	<p>Continued From page 6</p> <p>RN and LPN communicated with each other regarding the status of the patient's Foley catheter change two weeks earlier on 8/7/10.</p> <p>A 9/1/10 nursing note revealed the LPN observed a new wound on Patient #10's finger. There was no documented evidence the LPN notified the RN and/or someone in the office of the new wound. There was no documented evidence the RN re-evaluated the new wound. The next documented visit by the RN was 24 days later.</p> <p>The agency's undated Coordination of Services policy, revised 10/29/01, indicated " ... 1. The primary nurse or therapist is responsible for the coordination of services to assigned patients ... 2. The following are essential components of professional coordination and supervision of services to assigned patients for the ongoing evaluation of the patients' needs: ...C. Maintaining efficient communications with patient, family, physician and all care providers to ensure prompt transmission of significant information which may require immediate action or decision making ...G. Documenting visits and conferences, provision of therapeutic care, achievement of goals, status/progress, pain control and other pertinent data, i.e., lab work, physician contacts, etc. ... "</p> <p>The agency's job description for Licensed Practical Nurse indicated " ... 3... Reports unusual finds to RN or Manager promptly... 6. Observes, assesses and records patient's physical and mental condition and reports any changes in patient's status appropriately ... 17. Works with patient, family and health care team members effectively to coordinate patient care... 20. Adheres to Company policies and procedures..."</p>			G 143			

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G 144	<p><b>484.14(g) COORDINATION OF PATIENT SERVICES</b></p> <p>The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.</p> <p>This STANDARD is not met as evidenced by: Based on record and document review, the agency failed to ensure clinical records or minutes of case conferences established effective interchange, reporting and coordination of patient care occurred for 2 of 15 patients (Patients #11, #12).</p> <p>Findings include:</p> <p>Patient #11</p> <p>On 4/19/10, Patient #11 was admitted with diagnoses including pelvic joint pain, chronic airway obstruction and depression.</p> <p>Patient #11's clinical record included an incomplete, undated "PATIENT 60 DAY SUMMARY/CASE CONFERENCE REPORT." There was no documented indication whether it was a 60 day summary or a case conference.</p> <p>The form had an incorrect start of care date (of 8/15/10) for Patient #11. The form had the incorrect date of the beginning, and lacked the ending date, of the certification period being addressed.</p> <p>The area in which to document Patient #11's "Medications/Plan of Care/Behaviors" was left</p>			G 144			



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G 144	<p>Continued From page 8 blank.</p> <p>The area of the form where physical therapy (PT) was to document Patient #11's "Summary of Progress Towards Goals and Outcome of Treatment" was left blank.</p> <p>The area of the form in which to document Patient #11 was to be recertified was left blank.</p> <p>The areas of the form where the Primary Nurse was to sign and date it were left blank. The areas where the Primary Nurse was to indicate whether the form was faxed or mailed to Patient #11's MD, and the date it was done, were both left blank.</p> <p>Patient #12</p> <p>On 6/23/10, Patient #12 was admitted with diagnoses including debility, obstructive bronchitis without exacerbation, emphysema, lumbosacral disc degeneration, rheumatoid arthritis and chronic pain syndrome.</p> <p>Patient #12's plan of care for the certification period of 6/23/10 through 8/21/10 included orders for skilled nursing (SN) and physical therapy (PT).</p> <p>The "PATIENT 60 DAY SUMMARY/CASE CONFERENCE REPORT," dated 8/19/19 in Patient #12's clinical record was completed by SN. There was no entry by PT regarding the patient's progress towards goals and outcome of treatments.</p> <p>There was no documented evidence in Patient #12's clinical record indicating SN and PT communicated with each other regarding the patient's medical problems, pain issues and plans</p>			G 144			

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G 144	Continued From page 9 for addressing the same.			G 144			
G 145	<p>The agency's undated Coordination of Services Policy, revised 10/29/01 indicated " Staff provides coordination of client services to support the plan of care, establish effective interchange, reporting, and coordinated client evaluation and services through interdisciplinary case conferences ..."</p> <p>484.14(g) COORDINATION OF PATIENT SERVICES</p> <p>A written summary report for each patient is sent to the attending physician at least every 60 days.</p> <p>This STANDARD is not met as evidenced by: Based on record and document review, the agency failed to ensure a complete written summary report was sent to the physician at least every 60 days for 2 of 15 patients (Patients #11, #12).</p> <p>Findings include:</p> <p>Patient #11</p> <p>On 4/19/10, Patient #11 was admitted with diagnoses including pelvic joint pain, chronic airway obstruction and depression.</p> <p>Patient #11's clinical record included an incomplete, undated "PATIENT 60 DAY SUMMARY/CASE CONFERENCE REPORT." There was no documentation indicating whether it was a 60 day summary or a case conference.</p> <p>The form had an incorrect start of care date (of 8/15/10) for Patient #11. The form had the</p>			G 145			

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G 145	<p>Continued From page 10</p> <p>incorrect date of the beginning, and lacked the ending date of the certification period being addressed.</p> <p>The area in which to document "Medications/Plan of Care/Behaviors" was left blank.</p> <p>The area of the form where physical therapy (PT) was to document Patient #11's "Summary of Progress Towards Goals and Outcome of Treatment" was left blank.</p> <p>The area of the form in which to document Patient #11 was to be recertified was left blank.</p> <p>The areas of the form where the Primary Nurse was to sign and date it were left blank. The areas where the Primary Nurse was to indicate whether the form was faxed or mailed to the MD and the date it occurred were both left blank.</p> <p>Patient #12</p> <p>On 6/23/10, Patient #12 was admitted with diagnoses including debility, obstructive bronchitis without exacerbation, emphysema, lumbosacral disc degeneration, rheumatoid arthritis and chronic pain syndrome.</p> <p>Patient #12's plan of care for the certification period of 6/23/10 through 8/21/10 included orders for skilled nursing (SN) and physical therapy (PT).</p> <p>The "PATIENT 60 DAY SUMMARY/CASE CONFERENCE REPORT," dated 8/19/19 in Patient #12's clinical record was completed by SN. The area for PT to document the patient's progress towards goals and outcome of treatments was left blank.</p>			G 145			

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G 145	Continued From page 11			G 145			
	<p>There was no documented evidence in Patient #12's clinical record indicating PT contributed pertinent facts from clinical and progress notes to the 60 day summary in an effort to keep the ordering physician up to date on the patient's progress with home PT services.</p> <p>The agency's undated Coordination of Services Policy, revised 10/29/01 indicated, "... 5. A Summary of Services Report of pertinent facts from the clinical and progress notes is sent to the patient's attending physician every sixty (60) to sixty-two (62) days, as required. ... "</p>						
G 158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure staff followed a written plan of care established by the physician for 11 of 15 patients (Patient #8, #9, #10, #11, #12, #13, #14 and #15, #4, #5 and #7).</p> <p>Findings include:</p> <p>Patient #8</p> <p>On 9/3/10, Patient #8 was admitted with diagnoses including an open wound on the lower leg, abdominal pain and joint pain.</p> <p>1. Patient #8's plan of care (POC) for the certification period of 9/3/10 through 11/1/10,</p>			G 158			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 158	<p>Continued From page 12</p> <p>included orders for skilled nursing (SN) two times a week for one week, seven times a week for two weeks, and then two times a week for two weeks.</p> <p>During the 3rd week, SN was supposed to see Patient #8 daily for seven days. The clinical record lacked documented evidence SN did five of seven visits ordered. There was no physician's order to decrease SN frequency.</p> <p>On 9/21/10, during the 4th week of service, a physician's order indicated SN was to see Patient #8 three times a week for four weeks.</p> <p>The clinical record lacked documented evidence SN saw Patient #8 one of three times during the 4th and 6th weeks. There was no physician's order to decrease SN frequency.</p> <p>2. The LPN prepared a Physician Notification of Visit Frequency (PNVF), dated it 9/11/10, and documented the agency was " unable to provide care to Patient #8 on 9/11/10 ... Pt (patient) going out of state for spouse funeral ...will call when back in state. "</p> <p>The patient's clinical record lacked a physician's order to hold home health services while Patient #8 was out of town during the month of September, 2010.</p> <p>3. Patient #8's clinical record included a 9/27/10 order for PT to "evaluate and treat due to recent falls." After the evaluation, PT documented on a physician's order the patient would be seen one time a week for one week and then; three times a week for three weeks.</p> <p>Patient #8's clinical record lacked documented</p>			G 158			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 158	<p>Continued From page 13</p> <p>evidence of a third PT visit during the week of 10/3/10. There was no physician's order to decrease PT frequency.</p> <p>Patient #9</p> <p>On 9/1/10, Patient #9 was admitted with diagnoses including generalized pain, debility, abnormality of gait and an abdominal wound.</p> <p>Patient #9's plan of care (POC) for the certification period of 9/1/10 through 10/30/10 included orders for skilled nursing (SN) to provide wound care every day. The clinical record lacked documented evidence of one visit for each of the weeks of 9/5/10, 9/12/10 and 9/26/10.</p> <p>There was no documented evidence the physician was notified Patient #9 was not seen daily for wound care as ordered. There was no documented evidence of a physician's order to decrease SN visits.</p> <p>Patient #10</p> <p>On 7/31/10, Patient #10 was admitted with diagnoses including paraplegia, pressure ulcers and hepatitis C.</p> <p>According to "Supplemental Orders Physician's Medical Treatment Plan for Home Health Services," dated 8/2/10, Patient #10's physician gave a verbal order for the patient to have a urinary culture and sensitivity (C&amp;S) test.</p> <p>Patient #10's clinical record lacked documented evidence a urine sample was collected for the tests. There was no documented evidence of C&amp;S lab results in the patient's chart.</p>			G 158			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 158	<p>Continued From page 14</p> <p>Patient #11</p> <p>On 4/19/10, Patient #11 was admitted with diagnoses including pelvic joint pain, chronic airway obstruction and depression.</p> <p>On 6/20/10, Patient #11 was placed on intravenous (IV) antibiotics. The physician's order included flushing the PICC (peripherally inserted central catheter) with normal saline (NS) 10 ml (milliliters) before the antibiotic, NS 10 ml after the dose and NS 10 ml after lab (blood) draws. The order included flushing with Heparin (100 units per ml) 5 ml after the last NS flush (after medication and lab draws).</p> <p>Documentation on nurse visit notes in Patient #11's clinical record revealed the following:</p> <ul style="list-style-type: none"> <li>- On 6/21/10, the registered nurse (RN) flushed the PICC with 2 ml heparin</li> <li>- On 6/24/10, the RN flushed the PICC with 2 ml heparin</li> <li>- On 6/27/10, the RN flushed the PICC with 2 ml heparin</li> <li>- On 7/12/10, the RN flushed the PICC with 2 ml heparin</li> </ul> <p>There was no documentation on the nurse visit notes indicating the RN flushed Patient #11's catheter with normal saline prior to the medication and before the heparin.</p> <p>The agency's policy Infusion Therapy - Central Venous Catheter: Flushing/Heparinization, updated 8/08, indicated "... 4. When medication is administered in order to eliminate problems of drug incompatibility, the SASH method of flushing</p>			G 158			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 158	<p>Continued From page 15</p> <p>is utilized. Unless otherwise ordered by a physician, 3-5 mL of normal saline will be used.</p> <p>S - Saline. A - Administer drug/solution. S - Saline. Heparin.</p> <p>...Heparin flushing is to be done ... with 1-5 mL (milliliters) of 100 units/mL (units per milliliter) of heparin solution or as orderer per physician. ...</p> <p>AFTER CARE: 1. Document in patient's record: b. Amount of normal saline and heparin flush, including strength of heparin..."</p> <p>Patient #12</p> <p>On 6/23/10, Patient #12 was admitted with diagnoses including debility, obstructive bronchitis without exacerbation, emphysema, lumbo/lumbosacral disc degeneration, rheumatoid arthritis and chronic pain syndrome.</p> <p>Patient #12's plan of care (POC) for the certification period of 8/22/10 through 10/20/10 included orders for skilled nursing (SN) three times a week for nine weeks.</p> <p>Patient #12's clinical record lacked documented evidence of a third SN visit for the week of 8/29/10.</p> <p>A physician's order dated 9/7/10, decreased Patient #12's SN visits to two times a week for four weeks. There was no documented evidence SN saw the patient during the third week of this four week period. There was no physician's order to decrease SN visits during the third week of service.</p>			G 158			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 158	<p>Continued From page 16</p> <p>Patient #13</p> <p>On 10/11/10, Patient #13 was admitted with diagnoses including non-insulin dependent diabetes mellitus, dementia and stage two pressure ulcer of the buttocks.</p> <p>Patient #13's plan of care for the certification period of 10/11/10 through 12/9/10 included orders for physical therapy (PT) to evaluate and treat.</p> <p>According to the scheduling coordinator, there had not been a PT evaluation yet, because "the patient lives outside of one PT's area and the other PT is totally booked and is trying to work her into his schedule."</p> <p>When interviewed regarding the physician being notified of the delay, the scheduling coordinator indicated she was not sure if the physician was notified. The clinical record lacked documented evidence Patient #13's physician was notified of the delay in a PT evaluation.</p> <p>Patient #14</p> <p>On 8/4/10, Patient #14 was admitted with diagnoses including ovarian cancer, status post abdominal surgery.</p> <p>Patient #14's plan of care for the certification period of 8/4/10 through 10/2/10 included orders for skilled nursing (SN) three times a week for four weeks.</p> <p>Patient #14's clinical record lacked document evidence of a third visit for the two weeks of</p>			G 158			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 158	<p>Continued From page 17</p> <p>8/1/10 and 8/8/10. There was no documented evidence of a physician's order to decrease SN visits.</p> <p>Patient #15</p> <p>On 7/19/10, Patient #15 was admitted with diagnoses including multiple sclerosis, osteoarthritis and chronic pain syndrome.</p> <p>Patient #15's plan of care for the certification period of 7/19/10 through 9/16/10 included orders for skilled nursing (SN) to ..."Flush catheter with 5ml (milliliters) Normal Saline pre and post infusion. Flush catheter with 0.6 ml Heparin 100 unit per ml pre and post infusion..."</p> <p>Documentation on the 7/20/10 nurse visit note revealed the SN (skilled nurse) infused 1 gram of Solumedrol in 100 ml of NS and flushed the IV with one ml heparin. The strength of the heparin was not documented. There was no documented evidence the SN flushed the IV with normal saline prior to the heparin flush.</p> <p>Documentation on the 7/21/10 nurse visit note revealed the SN (skilled nurse) infused 1 gram of Solumedrol in 100 ml of NS without any flushes of normal saline and heparin. There was no documented evidence the SN flushed the IV with normal saline prior to the heparin flush.</p> <p>The agency's policy Infusion Therapy - Central Venous Catheter: Flushing/Heparinization, updated 8/08, indicated "...Heparin flushing is to be done ... with 1-5 mL of 100 units/mL (units per milliliter) of heparin solution or as ordered per physician. ... AFTER CARE: 1. Document in patient's record: b. Amount of normal saline and</p>			G 158			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 158	<p>Continued From page 18</p> <p>heparin flush, including strength of heparin..."</p> <p>Patient #4</p> <p>Patient #4 was admitted to the agency on 9/16/10 with diagnoses including chronic hypertension, malaise and fatigue, and abnormality of gait.</p> <p>Patient #4's Resumption of Care (ROC) following the patient's hospitalization from 9/20/10 - 9/22/10 included orders for:</p> <p>- "OT (Occupational Therapy) "</p> <p>Patient #4's medical record contained a "Physician Notification of Missed Visit" report for OT which indicated OT was unable to see the patient from 10/4 - 10/7/10 with the reason listed as "OT called but no answers."</p> <p>There was no documented evidence the physician was notified by telephone or fax of the missed visit for Patient #4.</p> <p>Patient #5</p> <p>Patient #5 was admitted to the agency on 9/14/10. The physician's orders dated 9/15/10 included "Physical Therapy (PT) evaluation to offload pressure ulcer sites."</p> <p>Review of Patient #5's medical record (MR) on 10/21/10 included a Physician Notification of Missed Visit Form dated 10/13/10 which documented "Patient not home. No answer when called, left message." There was no documented evidence the physician was notified of the missed visit either by phone or fax.</p>			G 158			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

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G 158	<p>Continued From page 19</p> <p>Patient #5's MR did not contain a PT evaluation. There was no documented evidence a PT evaluation was ever completed. On 10/22/10, the agency scheduler confirmed a PT evaluation was not completed to date.</p> <p>Patient #7</p> <p>Patient #7 was admitted to the agency on 10/1/10, with diagnoses including cystic fibrosis and pneumonia. Patient #7's Plan of Care (POC) indicated the patient had a PICC (Peripherally Inserted Central Catheter) line and orders included:</p> <ul style="list-style-type: none"> <li>- " Monitor and record vital signs, HR (Heart Rate), Resp (Respiratory) Rate and BP(blood Pressure) every visit. Temp (temperature) PRN (as necessary). "</li> <li>- " Monitor vital signs, meds, chest, heart auscultation. "</li> <li>- " SN to perform O2 (Oxygen) saturation every visit and record. Notify MD if SaO2 (O2 Saturation) less than 93%. "</li> </ul> <p>On 10/12/10 at 10:00 am, observed the skilled nurse conduct a home visit for Patient #7.</p> <p>1) When the SN entered the home, he asked the caregiver how Patient #7 was doing. The caregiver indicated the patient had a very difficult night due to breathing problems. The caregiver added, Patient #7 vocalized that he felt he was choking and could not lie down to sleep. The patient sat up most of the night in a chair in the Living Room.</p> <p>The SN then asked Patient #7 how he was feeling now. Patient #7 responded he felt about the same. The SN checked Patient #7's BP, pulse</p>			G 158			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>		
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G 158	Continued From page 20 and SaO2. The SN did not auscultate the patient's lungs to evaluate for further respiratory issues.  2) Patient #7's Nurse Visit Notes included the SaO2 results as follows: 10/11/10 - 8:00 PM - 91%; 10/13/10 - 10:15 PM - 92%; 10/14/10 - 2:00 PM - 92%; 10/14/10 - 9:30 PM - 92%; 10/15/10 - 2:30 PM - 92%; 10/15/10 - 10:00 PM - 91%; 10/16/10 - 3:00 PM - 92%; 10/16/10 - 10:00 PM - 92%  There was no documented evidence the physician was notified of Patient #7's low SaO2 levels as ordered on the Plan of Care.  On 10/17/10, after the home visit, the SN confirmed he had not notified the physician of the low SaO2 levels. He added due to Patient #7's diagnosis, the SaO2 levels would normally run low.	G 158			
G 159	484.18(a) PLAN OF CARE  The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.  This STANDARD is not met as evidenced by:	G 159			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

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G 159	<p>Continued From page 21</p> <p>Based on record review and interview, the facility failed to ensure the plan of care covered 1) all pertinent diagnoses, and 2) instructions for timely discharge for 3 of 15 patient (Patients #7, #11 and #15).</p> <p>Findings include:</p> <p>Patient #7</p> <p>Patient #7 was admitted to the agency on 10/1/10, with diagnoses including cystic fibrosis and pneumonia. Patient #7's Plan of Care (POC) documented the patient was receiving:</p> <ul style="list-style-type: none"> <li>- "Lantus (Insulin) 100 unit/mL (milliliter) VIAL 34 units subcutaneous at bedtime</li> <li>- Novolog (Insulin) 100 unit/ml VIAL 20 units subcutaneous 3 times a day</li> <li>- Novolog Mix 70-30 100 unit/ml (70-30) VIAL 20 units subcutaneous 3 times a day."</li> </ul> <p>Patient #7's Plan of Care (POC) for certification period 10/1/10 through 11/29/10, did not include a diagnoses of diabetes. The POC did not include any orders to monitor the patient's blood sugar (BS) levels, perform teaching to the patient and caregiver regarding the signs and symptoms of abnormal BS levels and to monitor Patient #7 for complications of diabetes.</p> <p>Patient #7's medical record included fasting glucose levels:</p> <ul style="list-style-type: none"> <li>- 10/01/10 - 223;</li> <li>- 10/08/10 - 286;</li> <li>- 10/15/10 - 260</li> </ul> <p>The normal range for fasting glucose values were 65 - 99, according to the laboratory report.</p>			G 159			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 159	<p>Continued From page 22</p> <p>Patient # 7's Nurse Visit Notes documented the following Blood Sugar levels:</p> <ul style="list-style-type: none"> <li>- 10/2/10 at 9:30 PM - 386;</li> <li>- 10/5/10 at 10:00 PM - 162;</li> <li>- 10/8/10 at 9:15 PM - 162;</li> <li>- 10/9/10 at 9:00 PM - 150;</li> <li>- 10/15/10 at 10:00 PM - 117 a.m. (indicating this result was from the morning);</li> </ul> <p>On 10/12/10 at 10:45 am, following the home visit, the SN indicated he knew Patient #7 had diabetes and was on Insulin. The SN did not explain why the diagnoses and interventions were not included on the Plan of Care. The SN verbalized the patient's caregiver checked the BS levels and gave the patient Insulin. The SN only documented the information when the caregiver informed him of the levels. The SN verbalized he was not aware of the BS reports that were in the patient's medical record. He added he thought the lab was not running the blood tests correctly, and that was why the results were so high.</p> <p>Patient #11</p> <p>On 4/19/10, Patient #11 was admitted with diagnoses including pelvic joint pain, chronic airway obstruction and depression.</p> <p>Patient #11's plans of care for the certification periods of 4/19/10 through 6/17/10 and 6/18/10 through 8/16/10 both included orders for skilled nursing to "...assess for edema location and degree. Observe chest pain status: type duration, precipitating factors, effectiveness of medication. Weigh patient prn (as needed). Instruct and or observe s/s (signs and symptoms)</p>			G 159			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 159	<p>Continued From page 23 implicating CHF/fluid restrictions..."</p> <p>Patient #11's clinical record lacked documented evidence the patient had a diagnosis of CHF (congestive heart failure).</p> <p>Patient #15</p> <p>On 7/19/10, Patient #15 was admitted with diagnoses including multiple sclerosis, osteoarthritis and chronic pain syndrome.</p> <p>Patient #15's plan of care lacked orders for teaching the patient and/or caregiver intravenous (IV) infusions. The plan of care included the goal of "IV therapy will be successfully completed within 3 days."</p> <p>Patient #15's plan of care included discharge plans which read: "Patient will be discharged when goals are met to an independent level and follow up with MD at scheduled appointment."</p> <p>Patient #15 was seen by skilled nursing (SN) on 7/19/10, 7/20/10 and 7/21/10 for IV infusions. The nurse visit note dated 7/21/10 lacked documented evidence the IV infusions were complete and the patient was being discharged.</p> <p>The last time Patient #15 was seen was on 7/21/10. As of 10/22/10, the patient had not been discharged from the agency.</p> <p>On 10/22/10, the scheduling coordinator explained, "He (Patient #15) refused further care."</p>			G 159			
G 161	<p>484.18(a) PLAN OF CARE</p> <p>Orders for therapy services include the specific procedures and modalities to be used and the</p>			G 161			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 161	<p>Continued From page 24 amount, frequency, and duration.</p> <p>This STANDARD is not met as evidenced by: Based on record and document review, the agency failed to ensure orders for physical therapy (PT) included specific procedures and modalities to be used for 1 of 15 patients (Patient #11).</p> <p>Findings include:</p> <p>Patient #11</p> <p>On 4/19/10, Patient #11 was admitted with diagnoses including pelvic joint pain, chronic airway obstruction and depression.</p> <p>On 8/6/10, 10 days prior to the end of Patient #11's certification period of 6/18/10 through 8/16/10, physical therapy (PT) evaluated the patient.</p> <p>Patient #11's orders for PT in the plan of care for the certification period of 8/17/10 through 10/15/10 read:</p> <p>Pulmonary physical therapy. Joint mobilization. Strengthening, muscle. Muscle re-education.</p> <p>The plan of care lacked specific procedures and modalities with which PT planned to treat Patient #11.</p>			G 161			
G 164	<p>484.18(b) PERIODIC REVIEW OF PLAN OF CARE</p> <p>Agency professional staff promptly alert the</p>			G 164			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 164	<p>Continued From page 25</p> <p>physician to any changes that suggest a need to alter the plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on record and document review, the agency failed to ensure staff notified the physician of changes in condition for 1 of 15 patients (Patients #10).</p> <p>Findings include:</p> <p>Patient #10</p> <p>On 7/31/10, Patient #10 was admitted with diagnoses including paraplegia, pressure ulcers and Hepatitis C.</p> <p>On a nurse visit note dated 9/1/10, the licensed practical nurse (LPN) documented Patient #10 had a "new wound on Rt hand and knuckle of ring finger c (with) possible foreign object insitue."</p> <p>There was no documented evidence the LPN notified the physician of Patient #10's new wound. There was no documented evidence the LPN notified the registered nurse in charge of the case regarding the new wound.</p> <p>According to the agency's policy, Coordination of Services, revised 10/29/01, " ...2. The following are essential components of professional coordination and supervision of services to assigned patients for the ongoing evaluation of the patient's needs: ... C. Maintaining efficient communications with patient, family, physician and all care providers to ensure prompt transmission of significant information which may require immediate action or decision making.</p>			G 164			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 165	<p><b>484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS</b></p> <p>Drugs and treatments are administered by agency staff only as ordered by the physician.</p> <p>This STANDARD is not met as evidenced by: Based on record and document review, the agency failed to ensure staff administered drugs and treatments only as ordered by the physician for 3 of 15 patients (Patients#8, #9 and #10).</p> <p>Findings include:</p> <p>Patient #8</p> <p>On 9/3/10, Patient #8 was admitted with diagnoses including an open wound on the lower leg, abdominal pain and joint pain.</p> <p>On the 9/3/10 initial assessment for Patient #8, the registered nurse (RN) documented, "... Old soiled dressing removed, steri-strips intact in place, irrigated with NS (normal saline) redressed using Neosporin and Gauze ... "</p> <p>Patient #8's plan of care for the certification period of 9/3/10 through 11/1/10 included the following orders: "... SN to perform dressing changes daily. SN to observe for s/s (signs/symptoms) wound infection. SN to instruct patient/caregiver in wound care and or proper disposal of soiled dressings. SN to teach on proper disposal of soiled dressings ... "</p> <p>Documentation on skilled nursing (SN) notes in Patient #8's clinical record with dates of 9/5/10, 9/6/10 and 9/7/10 revealed the licensed practical nurse (LPN) performed "wound care to LL (left</p>			G 165			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

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G 165	<p>Continued From page 27</p> <p>lower) leg laceration using aseptic technique."</p> <p>Documentation on SN notes in Patient #8's clinical record with dates of 9/9/10, 9/10/10 and 9/11/10, revealed the LPN performed "wound care to LL leg with W&gt;D (wet to dry) dressings and covered with 2 4X4 (gauze) using aseptic technique."</p> <p>Patient #8's plan of care for the certification period of 9/3/10 through 11/1/10 lacked specific orders for wound care. There were no supplemental physician's orders detailing the wound care to be provided. There was no documented evidence the agency contacted the physician to obtain specific wound care orders.</p> <p>Patient #9</p> <p>On 9/1/10, Patient #9 was admitted with diagnoses including generalized pain, debility and abnormality of gait and an abdominal wound.</p> <p>Patient #9's plan of care for the certification period of 9/1/10 through 10/30/10 included orders reading, "...SN to assess/perform wound/incision care every visit as ordered by physician SN to pack wound with iodoform packing strips and secure with abd (abdominal) pad and gauze secure with tape after irrigation with Normal Saline..."</p> <p>Patient #9's clinical record included nurse visit notes with documentation as follows:</p> <p>On 9/5/10, the registered nurse (RN) documented, "Wound care to abd puncture using aseptic technique"</p>			G 165			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 165	<p>Continued From page 28</p> <p>On 9/6/10, the RN documented, "Wound care to abd puncture wound using aseptic technique"</p> <p>On 9/7/10, the RN documented, "... removed all guaze &amp; abd pad, and redressed wound with only (2) 4x4 guaze and covered with abd pad ... using aseptic technique, SN cleansed wound site w/NS and covered w/4x4 and abdominal pad."</p> <p>On 9/8/10, Patient #9 saw the physician who ordered home health care. On 9/9/10, the RN documented, "SN received new orders from Dr. (Name) office yesterday - verbal order from RN to dress wound w/4x4 gauze and irrigate w/normal saline wet to moist dressing qd (every day) ... "</p> <p>On 9/15/10, the RN documented, "SN irrigated w/normal saline, and packed w/iodoform and covered w/4x4 gauze and secured w/tape ... "</p> <p>On 9/18/10, the RN documented, "... packed wound with iodoform packing strip. Applied pt's own Nystatin ointment around wound. Covered c (with) W&gt;D (wet to dry) 4x4 gauze dsq (dressing). Secured c tape. Aseptic technique... "</p> <p>Documentation in Patient #9's clinical record included SN visit notes dated 9/19/10, 9/20/10, 9/21/10, 10/3/10, 10/9/10, 01/11/10, 10/12/10, 10/14/10 and 10/15/10. The RN and an LPN documented, " ... Cleaned wound c sterile NS (normal saline). Packed wound c 1/4 " iodoform packing. Covered wound c 4x4 sterile gauze. Secured c tape ... "</p> <p>Patient #8's clinical record lacked documented evidence of a physician's order for any of the dressings utilized. There was no physician's order to apply Nystatin ointment around the</p>			G 165			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

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G 165	Continued From page 29 patient's wound.  Patient #10  On 7/31/10, Patient #10 was admitted with diagnoses including paraplegia, pressure ulcers and Hepatitis C.  Patient #10's clinical record included a Supplemental Orders Physician's Medical Treatment Plan for Home Health Services dated 8/2/10. The order read, "Patient requesting cath (catheter) change ... "  A nurse visit note revealed the registered nurse changed Patient #10's Foley catheter on 8/7/10.  A nurse visit note revealed the licensed practical nurse changed Patient #10's Foley catheter on 8/21/10. There was no evidence of a physician's order for the catheter to be changed on 8/21/10.			G 165			
G 166	484.18(c) CONFORMANCE WITH PHYSICIAN ORDERS  Verbal orders are put in writing and signed and dated with the date of receipt by the registered nurse or qualified therapist (as defined in section 484.4 of this chapter) responsible for furnishing or supervising the ordered services.  This STANDARD is not met as evidenced by: Based on interview, record and document review, the agency failed to ensure physicians' orders were signed and returned to the agency in a timely manner for 5 of 15 patients (Patients #8, #11, #12, #14 and #15).			G 166			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 166	<p>Continued From page 30</p> <p>Findings include:</p> <p><b>Patient #8</b></p> <p>On 9/3/10, Patient #8 was admitted with diagnoses including an open wound on the lower leg, abdominal pain and joint pain.</p> <p>Patient #8's plan of care, prepared by the registered nurse and dated 9/3/10, was not signed and dated by the ordering physician as of 10/20/10.</p> <p><b>Patient #11</b></p> <p>On 4/19/10, Patient #11 was admitted with diagnoses including pelvic joint pain, chronic airway obstruction and depression.</p> <p>Patient #11's clinical record included a plan of care with orders for the certification period of 6/18/10 through 8/16/10 and an order dated 9/1/10. As of 10/22/10, the plan of care orders lacked the physician's signature.</p> <p><b>Patient #12</b></p> <p>On 6/23/10, Patient #12 was admitted with diagnoses including debility, obstructive bronchitis without exacerbation, emphysema, lumbosacral disc degeneration, rheumatoid arthritis and chronic pain syndrome.</p> <p>Patient #12's clinical record included two slightly different plans of care (POCs) for the same certification period of 8/22/10 through 10/20/10. As of 10/22/10, both POCs lacked a signature by the ordering physician.</p>			G 166			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 166	<p>Continued From page 31</p> <p>Patient #14</p> <p>On 8/4/10, Patient #14 was admitted with diagnoses including ovarian cancer, status post abdominal surgery.</p> <p>As of 10/22/10, Patient #14's plan of care was not signed by the ordering physician.</p> <p>Patient #15</p> <p>On 7/19/10, Patient #15 was admitted with diagnoses including multiple sclerosis, osteoarthritis and chronic pain syndrome.</p> <p>Patient #15's plan of care for the certification period of 7/19/10 through 9/16/10 was not signed by the ordering physician until 9/9/10.</p> <p>The agency's undated policy, Plans of Care, revised on 7/31/09, indicated "All plans of care must be signed and returned to our office within 20 working days of Start of Care ... "</p> <p>On 10/21/10, the Agency Director confirmed this policy "applies to all orders," including recertification orders (20 working days from the date the recertification order was received).</p>			G 166			
G 172	<p>484.30(a) DUTIES OF THE REGISTERED NURSE</p> <p>The registered nurse regularly re-evaluates the patients nursing needs.</p> <p>This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure the registered nurse (RN) re-evaluated the medical needs for 1 of 15 patients (Patient #10).</p>			G 172			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 172	Continued From page 32  Findings include:  Patient #10  On 7/31/10, Patient #10 was admitted with diagnoses including paraplegia, pressure ulcers and Hepatitis C.  On a nurse visit note dated 9/1/10, the licensed practical nurse (LPN) documented Patient #10 had a "new wound on Rt hand and knuckle of ring finger c (with) possible foreign object insitue."  There was no documented evidence the (RN) re-evaluated Patient #10's new wound. The next documented visit by the RN was 24 days after the LPN documented the patient had a new wound.			G 172			
G 176	484.30(a) DUTIES OF THE REGISTERED NURSE  The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.  This STANDARD is not met as evidenced by: Based on record review, the agency failed to ensure the registered nurse 1) prepared complete, accurate and pertinent orders, clinical and progress notes in a timely manner and informed the physician of changes in condition for 3 of 15 patients (Patients #8, #11, #12) and; 2) established measurable goals for 3 of 15 patients (Patients #10, #11 and #12).  Findings include:			G 176			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 176	<p>Continued From page 33 Patient #8</p> <p>On 9/3/10, Patient #8 was admitted with diagnoses including an open wound on the lower leg, abdominal pain and joint pain.</p> <p>The 9/3/10 initial assessment for Patient #8 lacked documentation of the exact location of the wound, the appearance of the wound and surrounding skin, the measurements of the wound and the amount and type of drainage present. The RN documented, "Old soiled dressing removed, steri-strips intact in place, irrigated with NS (normal saline) redressed using Neosporin and Gauze ... "</p> <p>Patient #8's plan of care (POC) included the following orders: " ... Assess potential for complications infections ... Observe chest pain status: type duration, precipitating factors, effectiveness of medication. SN to assess risk factors and develop a safety and or compliance plan. SN to evaluate and or instruct all aspects of pain management ... SN to perform dressing changes daily. SN to observe for s/s (signs/symptoms) wound infection. SN to instruct patient/caregiver in wound care and or proper disposal of soiled dressings. SN to teach on proper disposal of soiled dressings ... SN to perform O2 (oxygen) saturation every every and record. Notify MD (medical doctor) if SaO2 (oxygen saturation) less than 90. Pulse oximeter every visit and prn (as needed) ... " The POC lacked specific wound care orders.</p> <p>Patient #8's plan of care included the following goals: "Patient medical condition will be stabilized by care plan management and caregiver performance through cert. (certification) period.</p>			G 176			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
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G 176	<p>Continued From page 34</p> <p>Patient caregiver is stable, knowledgeable in care of patient. Patient cardiac status will be stable within 60 days. Patient will be instructed on possible effects of current high risk factors within the first 30 days ... Patient will be able to independently take the correct oral medications and proper dosage at the correct times by the end of 60 days ... Patient/caregiver will be able to independently take/give the correct dosage of: oral meds (medications) within 60 days."</p> <p>Patient #8's clinical record included a nurse visit note dated 8/7/10, wherein the RN documented, " ... using sterile technique, changed dressing on both pressure ulcers. Patient tolerated ... "</p> <p>Patient #8's clinical record included a nurse visit note dated 8/11/10, wherein the RN documented, " ...Using sterile technique changed wound dressing on coccyx ... using sterile technique changed dressing on left leg ... "</p> <p>The RN failed to document the specific wound care provided to each of Patient #8's wounds on each visit note.</p> <p>Patient #10</p> <p>On 7/31/10, Patient #10 was admitted with diagnoses including paraplegia, pressure ulcers and Hepatitis C.</p> <p>The initial plan of care for Patient #10 lacked physician orders for the care, maintenance and changing of the patient's Foley catheter. There was no reference of the presence of a Foley catheter and the size on the plan of care for the certification period of 7/31/10 through 9/28/10.</p>			G 176			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

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G 176	<p>Continued From page 35</p> <p>Patient #10's clinical record included a Supplemental Orders Physician's Medical Treatment Plan for Home Health Services dated 8/2/10. The order read, " Patient requesting cath (catheter) change ... "</p> <p>The order lacked the frequency with which the catheter was to be changed. There was no indication of the size of catheter and balloon to be used. There was no indication of how much solution was to be instilled into the balloon.</p> <p>Patient #10's plan of care for the certification period of 7/31/10 through 9/28/10 included orders for wound care as follows: " Cleansed with skin integrity, wound dressing applied, alginate dressing. "</p> <p>On Patient #10's nurse visit note dated 8/7/10, the RN documented, " Using sterile technique changed dressing on both pressure ulcers ... using sterile technique changed indwelling urinary catheter ... "</p> <p>The RN failed to document the specific wound care provided to each of Patient #10's wounds.</p> <p>The RN failed to document the size of the catheter and balloon and how much solution was instilled into the balloon when changing Patient #10's catheter. The note lacked documentation how the patient tolerated the process, any teaching and/or instructions given regarding Foley care and maintenance, prevention of urinary tract infection, etc.</p> <p>Patient #10's plan of care for both certification periods contained the same, immeasurable goals, for example: Patient Caregiver verbalize signs</p>			G 176			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 176	<p>Continued From page 36</p> <p>and symptoms of disease process exacerbation and describe actions to take during exacerbation within 60 days... Patient's wound and or incision will be healed without signs of infection within 60 days;..."</p> <p>Patient #11</p> <p>On 4/19/10, Patient #11 was admitted with diagnoses including pelvic joint pain, chronic airway obstruction and depression.</p> <p>Patient #11's plans of care for the certification periods of 4/19/10 through 6/17/10 and 6/18/10 through 8/16/10 both included orders for skilled nursing to "... assess for edema location and degree. Observe chest pain status: type duration, precipitating factors, effectiveness of medication. Weigh patient prn (as needed). Instruct and or observe s/s (signs and symptoms) implicating CHF/fluid restrictions ... "</p> <p>Patient #11's clinical record lacked documented evidence the patient had a diagnosis of CHF (congestive heart failure). There were no orders regarding the patient's weight and when the physician should be notified about it.</p> <p>Patient #11's clinical record included an incomplete, undated PATIENT 60 DAY SUMMARY/CASE CONFERENCE REPORT. There was no documented indication whether it was a 60 day summary or a case conference.</p> <p>The form had an incorrect start of care date (of 8/15/10) for Patient #11. The form had the incorrect date of the beginning, and lacked the ending date of the certification period being addressed.</p>			G 176			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

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G 176	<p>Continued From page 37</p> <p>The area in which to document Patient #11's "Medications/Plan of Care/Behaviors" was left blank.</p> <p>The area of the form where physical therapy (PT) was to document Patient #11's "Summary of Progress Towards Goals and Outcome of Treatment" was left blank.</p> <p>The area of the form in which to document Patient #11 was to be recertified was left blank.</p> <p>The areas of the form where the Primary Nurse was to sign and record the date were left blank. The areas where the Primary Nurse was to indicate whether the form was faxed or mailed to the MD and the date this was done, were both left blank.</p> <p>Patient #11's clinical record included a physician's order which was dated 9/1/10 and indicated, "Client to receive skilled nurse visits 2x (two times) daily 5-28-10 through 6-17-10 for IV (intravenous) IV Vancomycin therapy. Omit HHA (home health aide (interchangeable with certified nursing assistant)) and physical therapy order per clients request." The order lacked any indication it was a late entry (four months after the fact).</p> <p>Patient #12</p> <p>On 6/23/10, Patient #12 was admitted with diagnoses including debility, obstructive bronchitis without exacerbation, emphysema, lumbo/lumbosacral disc degeneration, rheumatoid arthritis and chronic pain syndrome.</p> <p>A nurse visit note dated 7/23/10 revealed Patient</p>			G 176			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

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G 176	Continued From page 38 #12's spouse reported to the nurse the patient had "black stool." Documentation on the note revealed the nurse told the spouse to call the patient's physician. The note lacked documentation the nurse notified the physician of the black stool.  The goals established by skilled nursing (SN) for Patient #12 were not specific and measurable. One SN goal read, "Patient Caregiver is stable, knowledgeable in care of patient."  Patient #12's nurse visit notes lacked meaningful documentation regarding "Response to Interventions, Meds, Teaching, Treatments, Services, i.e., "Verbalizes interest in patient's own health and progress ... knowledge is progressing re: COPD (chronic obstructive pulmonary disease); progressing in COPD care." There was nothing specific and measurable about the progress the patient was making.			G 176			
G 177	484.30(a) DUTIES OF THE REGISTERED NURSE  The registered nurse counsels the patient and family in meeting nursing and related needs.  This STANDARD is not met as evidenced by: Based on record and document review, the agency failed to ensure skilled nursing taught and instructed patients and/or caregivers regarding disease process and management for 1 of 15 patients (Patient #12).  Findings include:  Patient #12			G 177			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 177	<p>Continued From page 39</p> <p>On 6/23/10, Patient #12 was admitted with diagnoses including debility, obstructive bronchitis without exacerbation, emphysema, lumbosacral disc degeneration, rheumatoid arthritis and chronic pain syndrome.</p> <p>Patient #12 was seen by a registered nurse from 8/22/10 through 10/20/10.</p> <p>Ten skilled nursing (SN) visit notes in Patient #12's clinical record revealed the patient had 1+ to 3+ pitting edema in both feet from 8/22/10 through 9/30/10. There was no documented evidence SN instructed the patient regarding measures to relieve/eliminate the edema.</p> <p>Eleven SN visit notes from 8/22/10 through 9/30/10 revealed Patient #12 was experiencing neck, shoulders and back pain at a level of between seven and nine on a scale of 10. There was no documented evidence SN instructed the patient on alternate ways to relieve the pain.</p> <p>On the fourth visit, SN instructed the patient to use a heating pad. On the seventh visit, SN made a call to the physician's office to discuss changing the patient's pain medication. SN documented, "Clinical nurse will call me to discuss." The clinical record lacked documented evidence SN followed up regarding a change in the patient's pain medication.</p> <p>According to the medication profile, Patient #12 was on three new medications and two medications were recently changed. SN notes lacked documentation indicating the patient was instructed on the new and changed medications, including the patient's response to the teaching and compliance with the changes.</p>			G 177			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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G 177	Continued From page 40  The agency's job description for registered nurse included the following:  "...1. Performs physical assessments, identifies patient's needs and develops plan of care in collaboration with patient/Caregivers, Physician, Case Manager and/or Supervisor as assigned and documents appropriately...  8. Informs physician within four (4) hours of changes in patient's condition ... and documents communications with physician appropriately...  9. Initiates appropriate preventive, rehabilitative, therapeutic, comfort and pain interventions and provides instructions to patient/caregivers...in a timely manner...  13. Completes clear, concise and accurate clinical notes which document skilled services and other required documentation appropriately and ...  19. Uses appropriate teaching materials and techniques ... and documents response to teaching..."			G 177			
G 186	484.32 THERAPY SERVICES  The qualified therapist assists the physician in evaluating the patient's level of function, and helps develop the plan of care (revising it as necessary.)  This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to ensure a Physical Therapy evaluation was completed to assist with the development of			G 186			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 186	<p>Continued From page 41 the Plan of Care for 1 of 15 patients (Patient # 5)</p> <p>Findings include:</p> <p>Patient #5</p> <p>Patient #5 was admitted to the agency on 9/14/10. The physician s orders dated 9/15/10 included "Physical Therapy (PT) evaluation to offload pressure ulcer sites."</p> <p>Review of Patient #5's medical record (MR) on 10/21/10 included a Physician Notification of Missed Visit Form dated 10/13/10 which documented "Patient not home. No answer when called, left message." There was no documented evidence the physician was notified of the missed visit either by phone or fax.</p> <p>Patient #5's MR did not contain a PT evaluation. There was no documented evidence a PT evaluation was ever completed. On 10/22/10, the agency scheduler confirmed a PT evaluation was not completed to date.</p>			G 186			
G 236	<p>484.48 CLINICAL RECORDS</p> <p>A clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every patient receiving home health services. In addition to the plan of care, the record contains appropriate identifying information; name of physician; drug, dietary, treatment, and activity orders; signed and dated clinical and progress notes; copies of summary reports sent to the attending physician; and a discharge summary.</p>			G 236			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
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G 236	<p>Continued From page 42</p> <p>This STANDARD is not met as evidenced by: Based on record and document review, the agency failed to ensure physicians' orders were signed by the physician and in the clinical record within 20 working days for 2 of 15 patients (Patients #12 and #14).</p> <p>Patient #12</p> <p>On 6/23/10, Patient #12 was admitted with diagnoses including debility, obstructive bronchitis without exacerbation, emphysema, lumbo/lumbosacral disc degeneration, rheumatoid arthritis and chronic pain syndrome.</p> <p>As of 10/22/10, Patient #12's plan of care for the certification period of 8/22/10 through 10/20/10 was not signed by the ordering physician.</p> <p>Patient #14</p> <p>On 8/4/10, Patient #14 was admitted with diagnoses including ovarian cancer, status post abdominal surgery.</p> <p>As of 10/22/10, Patient #14's plan of care was not signed by the ordering physician.</p> <p>The agency's undated policy, Plans of Care, revised on 7/31/09, indicated "All plans of care must be signed and returned to our office within 20 working days of Start of Care ... "</p> <p>On 10/22/10, the Agency Director confirmed this policy "applies to all orders," including recertification orders (20 working days from the date the recertification order was received).</p>			G 236			
G 337	484.55(c) DRUG REGIMEN REVIEW			G 337			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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G 337	<p>Continued From page 43</p> <p>The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.</p> <p>This STANDARD is not met as evidenced by: Based on record review and document review, the agency failed to ensure the medication profile was updated and accurately reflected medications being taken by 8 of 15 patients (Patients #9, #10, #11, #12, #13, #14, #15 and #1).</p> <p>Findings include:</p> <p>Patient #9</p> <p>On 9/1/10, Patient #9 was admitted with diagnoses including generalized pain, debility and abnormality of gait and an abdominal wound.</p> <p>According to a skilled nursing note dated 9/9/10, Patient #9's physician ordered a new antibiotic (Bactrim 800 milligrams twice a day for two weeks). The medication profile (MP) was not updated to reflect the addition of this medication.</p> <p>Patient #10</p> <p>On 7/31/10, Patient #10 was admitted with diagnoses including paraplegia, pressure ulcers and Hepatitis C.</p> <p>On 9/15/10, the licensed practical nurse (LPN) documented Patient #10 had been prescribed an oral antibiotic. The medication profile was not</p>			G 337			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297116</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2010</b>	
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G 337	<p>Continued From page 44 updated to reflect the addition of this medication.</p> <p>Patient #11</p> <p>On 4/19/10, Patient #11 was admitted with diagnoses including pelvic joint pain, chronic airway obstruction and depression.</p> <p>Patient #11 was on 19 medications at the time of admission. As of 5/28/10, the patient had 23 medications listed on the medication profile (MP).</p> <p>The area in which to document the purpose of the medications on Patient #11's MP was left blank for 19 of 23 medications.</p> <p>The Fentanyl patch listed on Patient #11's MP did not include the dosage and frequency to be applied.</p> <p>On 6/20/10, a physician's order via Coram Specialty Infusion Services revealed Patient #11 was to have "Cathflo 2mg/2ml (two milligrams per two milliliters) SWFI (sterile water for infusion) per protocol for central venous catheter occlusion, may repeat once." The medication profile was not updated to reflect the addition of this medication.</p> <p>Patient #12</p> <p>On 6/23/10, Patient #12 was admitted with diagnoses including debility, obstructive bronchitis without exacerbation, emphysema, lumbo/lumbosacral disc degeneration, rheumatoid arthritis and chronic pain syndrome.</p> <p>According to nursing notes in the clinical record, Patient #12 was on oxygen two liters via nasal</p>			G 337			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2010  
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NAME OF PROVIDER OR SUPPLIER  <b>ADDUS HEALTHCARE (NEVADA) INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 337	<p>Continued From page 45 cannula continuously.</p> <p>Oxygen was not listed as a treatment Patient #12 was receiving on any documentation created by the agency, such as plans of care, medication profile, 60 day summary/case conference report, etc.</p> <p>A nurse visit note dated 6/28/10 revealed Patient #12 was taking " New medication Bactrim for UTI." The patient's medication profile (MP) prepared on 6/23/10 lacked an update reflecting the addition of Bactrim as of 10/21/10.</p> <p>A nurse visit note dated 8/2/10 indicated Prestiq was discontinued by the physician. The box marked "Updated Med Profile" on the note was checked. The MP lacked an entry indicating the date Prestiq was discontinued.</p> <p>Patient #13</p> <p>On 10/11/10, Patient #13 was admitted with diagnoses including non-insulin dependent diabetes mellitus, dementia and stage two pressure ulcer of the buttocks.</p> <p>The medication profile prepared for Patient #13 by the admitting registered nurse (RN) lacked a purpose for all eight medications listed. The area titled Drug Regimen Review had five areas for the RN to answer questions regarding the medications and their compatibility with each other, the patient and caregiver's knowledge of the medications (dose, frequency, side effects to observe, etc.) and whether the patient was experiencing any side effects. These five areas were all left blank.</p>			G 337			

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G 337	<p>Continued From page 46</p> <p>Patient #14</p> <p>On 8/4/10, Patient #14 was admitted with diagnoses including ovarian cancer, status post abdominal surgery.</p> <p>Patient #14's plan of care for the certification period of 8/4/10 through 10/2/10 included orders reading, "Flush catheter with 5 ml Normal Saline pre and post infusion. Flush catheter with 2ml Heparin 100 unit per ml post infusion."</p> <p>The area on Patient #14's plan of care where medications were listed indicated:</p> <p>-- Heparin Flush 2 unit/ml 2ml intravenous IV Q (every) 24 hours -- Normal Saline Flush 0.9% 10 ml injection IV Q 24 hours</p> <p>Patient #14's medication profile (MP) indicated the PICC (peripherally inserted central catheter) was to be flushed with Heparin 2ml (milliliters) IV (intravenously) Q24 and NS (normal saline) 0.9% 10 ml IV Q24.</p> <p>Patient #15</p> <p>On 7/19/10, Patient #15 was admitted with diagnoses including multiple sclerosis, osteoarthritis and chronic pain.</p> <p>Patient #15's medication profile included the following:</p> <p>-- Solumedrol 1 gram IV (intravenously) QD (every day) -- NS (normal saline) 5 ml daily via IV</p>			G 337			

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G 337	<p>Continued From page 47</p> <p>Heparin (for IV line maintenance) was not listed on the plan of care and on the MP.</p> <p>Patient #1</p> <p>Patient #1 was admitted to the agency on 3/26/10 with diagnoses including hypertension, chronic ischemic heart disease, joint pain in the shoulder and Alzheimer's disease.</p> <p>Patient #1's Plan of Care (POC) for certification period 9/22/10 to 11/20/10 included the following medications:</p> <ul style="list-style-type: none"> <li>- Mucus Relief 400 mg tablet 1 oral bedtime</li> <li>- Isosorbide Dinitrate 30 mg tablet 1 oral daily</li> </ul> <p>Patient #1's medication profile, last reviewed 9/16/10, listed:</p> <ul style="list-style-type: none"> <li>- Guaifenesin 20 mg po (by mouth) once a day for mucous relief</li> <li>- Ducosate Sod (Sodium) 100 mg po twice a day</li> </ul> <p>Patient #1's medication profile did not include the medication Isosorbide. Patient #1's POC did not include the medication Ducosate Sod.</p> <p>On 10/20/10 at 10:30 am, observed the skilled nurse prepare Patient #1's medications for the week. After the medications were placed into the weekly dispenser, Patient #1's medications were checked. There was no bottle of Isosorbide tablets available. When the SN was asked about the Isosorbide, he indicated the medication was available and dispensed.</p>			G 337			